

**MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088842** FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*	*	*
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